

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28093 (3)
1. Corporation Name
GOLF COURSE BUILDERS OF AMERICA, INCORPORATED



Principal Place of Business: 920 AIRPORT RD SUITE 210 CHAPEL HILL NC 27514
Mailing Address: 920 AIRPORT RD SUITE 210 CHAPEL HILL NC 27514-2619

3. Date Incorporated or Qualified: 02/14/1990
3a. Date of Last Report: 03/20/1996
4. FEI Number: 23-7121106
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22 Suite, Apt #, etc.: 27
23 City & State: 28
24 Zip: 25 Country: 29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent
PIERMAN, JERRY
1201 US HWY 1
SUITE 425
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 513 US Hwy 1
83 Suite 113
84 City: North Palm Beach FL 85 Zip Code: 33408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ARNOLD, PHIL	
STREET ADDRESS	920 AIRPORT RD #210	
CITY-ST-ZIP	CHAPEL HILL NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERMAN, JERRY	
STREET ADDRESS	1201 US HWY 1 STE 425	
CITY-ST-ZIP	NORTH PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRCHDORFER, JAMES J.	
STREET ADDRESS	926 BAXTER AVENUE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KUBLY, WILLIAM	
STREET ADDRESS	5831 SOUTH 58TH ST., SUITE C	
CITY-ST-ZIP	LINCOLN NB	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELDREDGE, PAUL	
STREET ADDRESS	1901 VAN DYKE RD	
CITY-ST-ZIP	PLAINFIELD IL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREDVIG, JEFFREY	
STREET ADDRESS	4401 BLAND ROAD, SUITE 200	
CITY-ST-ZIP	RALEIGH NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phil Arnold* DATE: 1/15/97 TELEPHONE: 919-942-8922

CR2E037 (9/96)